चिकित्सा पद्धति	रोगियों की औसत संख्या
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(ख) जी, नहीं ।

(ग) जी, हां ।

(घ) से (च) नए औषधालय खोलने पर आवश्यकता के आधार पर विचार किया जाता है ।

एलोपैथिक और भारतीय चिकित्सा पद्धति को बराबर का दर्जा दिया जाना

2839. **मौलाना अबैदुल्ला खान आजमी:** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि सरकार एलोपैथिक और भारतीय चिकित्सा पद्धति को बराबर का दर्जा देने का दावा करती है लेकिन वास्तविक स्थिति ऐसी नहीं है ;

(ख) यदि हां, तो उसके क्या कारण है; और

(ग) देश में भारतीय चिकित्सा पद्धति विकसित करने तथा उसे बढ़ावा देने हेतु क्या योजना है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री(श्री सी० सिल्वेरा) :(क) से (ग) राष्ट्रीय स्वास्थ्य नीति के अनुसार सरकार ने अनुसंधान संस्थान, राष्ट्रीय आयुर्वेद और होमियोपैथी संस्थान आदि स्थापित करने के साथ-साथ विभिन्न उपाय किए हैं ताकि भारतीय चिकित्सा की प्रत्येक पद्धति को उसकी विशिष्टता के अनुसार विकसित किया जा सके ।

Defective life saving machines in Hospitals

2840. SHRI IQBAL SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that defective life saving machines and equipments are being used in hospitals;

(b) if so, what measures are being taken to check this state of affairs in the interest of the patients;

(c) whether Government have taken any discipilinary action against the hospital authorities responsible for this act of ommission;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Defective life saving machines and equipments are not being used in Central Government Hospitals.

(b) to (e) Do not arise.

Study on Iodine deficiency disease

2841. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have come across any study carried out by Gorakhpur Environmental Action Group with the UNICEF Support on Iodine Deficiency Diseases and if so, what are the details of the findings; and

(b) what corrective steps Government propose to take in the matter to overcome the problems of iodine deficiency due to sub-standard qua-

lity of iodised salt marketed in remote areas of UP and other States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) The report suggests effective enforcement of ban on sale of non-iodised salt, regular testing of salt at the production level, proper arrangements for storage of iodised salt, movement of iodised salt in covered railway wagons and strengthening of public awareness efforts.

All these issues have already been duly covered in the National Iodine Dificiency Disorders Central Programme.

Report of National Development Council about population

2842. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the document presented at the 43rd National Development Council meeting has mentioned about the depressing demographic trends in India with latest census figures revealing only a marginal decline in the rate of population growth of 0.11 per cent in the last two decades;

(b) if so, whether Government have identified any short comings in its family planning programmes as commented by a Delhi based womes's group during a meet at RIO recently that the Indian Government have ignored to lay emphasis on women's health and literacy as prime requisites for a meaningful Family Planning Programme; and

(c) whether it is a fact that Government are intending to introduce a series of disincentive measures one to limit access to Central Government Health Scheme for those with 2 children or less and the other to deny employment opportunities to those who marry below the age of 18?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) The average annual exponential rate of growth of population has declined, for the first time after independence, to 2.14 per cent in the decade 1981—91 from 2.22 per cent in 1971—1981.

(b) Programmes have been designed recognising the linkage between female literacy, women's reproductive health and fertility.

(c) The entire question of incentives/disincentives is under the consideration of Government.

Setting up of a Cancer Hospital in PGI Chandigarh

2843. SHRI S. S. SURJEWALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to start a Cancer Treatment Centre in PGI at Chandigarh; if so, the details may be stated; if not, whether Government are aware that there is no hospital undertaking the treatment of cancer in the North-Western States of Haryana, Punjab Himachal Pradesh, Jammu and Kashmir and Rajasthan; and

(b) whether Government are also aware that overwhelming majority being poor, one cannot afford to take the patients either to Bombay or Delhi for treatment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVRA): (a) and (b) Facilities for treatment of cancer are already available in PGIMER, Chandigarh.